

**Business Accountant:** 

Business Insurance Agent:

## **BUSINESS LOAN APPLICATION**

11 W. 2nd Street • Duluth, MN 55802 800-378-3828 • Fax: 218-722-4516 • hpc	I.US NCUA				Membe	r Number ——			
COMPANY INFORMATION									
Legal Name of Business Applicant:	Legal Name of Business Applicant:			Federal Tax ID:					
DBA or Trade Name (if different):									
Street Address:				City:			State	:	Zip:
Mailing Address (if different):				City: State:			:	Zip:	
Primary Contact:				Title:				·	
Business PH:		Home PH:		Cell PH:					
Name of Preceding Business(es) if char	nged within	the last five y	ears/	:					
Type of Organization: Sole Proprietorship S-Corporation	Sole Proprietorship Corporation S-Corporation Limited Partnership			· · · · · · · · · · · · · · · · · · ·				Gener Other	al Partnership
Industry/Business Type:  Manufacturing Wholesale	e F	Retail	Serv	rice C	Other:				
Date Established:	Date Established:			Number of Employees:					
Description of Business:									
Email Address:									
Is Your Business a Franchise?	Yes	No		Affiliate/Subs	idiary:				
If yes, please provide a copy of the Fra	nchise Agr	eement, Franc	chise	r's FTC Disclo	sure Staten	nent and Franch	iser's F	inancial St	atement.
BUSINESS ACCOUNTS									
Financial Institution Name	Phor	ne Number		Account	Туре	Account			Balance
								\$	
							\$		
							\$		
BUSINESS INDEBTEDNESS (A	Atach ad	اما احمد العالم		:f	- d				
To Whom Payable	Origin Amou	al Origin	nal	Current Balance	Monthl Paymer		Maturity Collateral Date Pledged		
	\$	nt Date		\$	\$	it Kate		Date	rieugeu
	\$			\$	\$				
	\$			\$	\$				
	<u> </u>								
LOAN REQUEST INFORMATION									
Use of Requested Loan  Equipment/Vehicles	Re \$	equested Amo	ount	Real Estate				Req	uested Amount
· ·							<u> </u>		
Line of Credit	\$			Other (please List) \$					
OTHER INFORMATION									

Business Attorney:

OWNERSHIP MANAGEMENT INFORMATION (List all owners of applicant and affiliates/subsidiaries)								
Owner #1			Owner #2			Owner #3		
Name (First, MI, Last):		Name (First, MI, Last):			Name (First, MI, Last):			
Soc Sec #		Soc Sec #	Soc Sec #			Soc Sec #		
DOB		DOB	DOB			DOB		
Title	% Ownership	Title		% Ownership	Title		% Ownership	
Home Address		Home Address	Home Address			Home Address		
City	ty Ci		City			City		
State	Zip	State	State Zip		State		Zip:	

OWNERSHIP MANAGEMENT QUESTIONNAIRE	YES*	NO
Have any owners, managers, guarantors, officers presently been charged under indictment, on parole or on probation?		
Have any of the above ever been charged with or arrested for any criminal offense other than a minor motor vehicle violation?		
Have any of the above ever been convicted of any criminal offense other than a minor motor vheicle violation?		
Has your business or have any principals of the business been involved in a bankruptcy or insolvency proceeding?		
Is your business or are any principals of the business currently involved in any pending judgements, claims or lawsuits?		

<sup>\*</sup>If you answered yes to any of the above, please furnish details on a separate sheet.

## **CERTIFICATION AND SIGNATURE**

The undersigned certifies that all statements in this Loan Application and on each of the documents submitted with the application are true and complete. The undersigned further agrees to notify Harbor Pointe Credit Union of any material changes in the information provided.

	,			
				By initialing here, each applicant certifies
Signature	Title	Date	Initials	
Signature	Title	Date	Initials	
Signature	Title	Date	Initials	

CREDIT UNION USE ONLY					
Date	CU Employee	Teller #			
Business Owner #1 Verification	Business Owner #2 Verification	Business Owner #3 Verification			
Type of ID:	Type of ID:	Type of ID:			